



Office of U.S. Senator Bill Cassidy, M.D.

Serving the Great State of Louisiana

Privacy Release Form Current Address: [City, State, Zip] _____ Email: ____ Social Security No: ______DOB: _____ Address of Damaged Property: _____ [City, State, Zip] _____ FEMA ID Number: _____ NFIP ID Number: _____ SBA Loan Number: ____ Notice: You must independently file claim or initiate appeal. Summary: In order for Senator Cassidy to accurately advocate on your behalf, the federal agencies require you to provide a detailed summary of your issue on this form. "See attachment" is not acceptable. (Supporting documents should include a brief cover letter explaining their significance). Please briefly list what you would like Senator Cassidy to appeal to the Federal Agency as your desired outcome: Due to the Federal Privacy Act of 1974 (Public Law 93-579), and various Louisiana Privacy Laws, I hereby authorize the appropriate governmental agencies to release my information to the office of U.S. Senator Bill Cassidy regarding my request. Date Signature

**Please Return this form to the office by mail, fax or email; 5555 Hilton Avenue, Suite #100 Baton Rouge, LA 70808 (225) 929-7688 Fax (225) 929-7711 Phone Casework_Cassidy.@Cassidy.Senate.Gov